PTO/SB/22 (08-08)
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PETITIO	ON FOR EXTENSION OF TIME UNDER	Docket Number (Optional)				
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			4600	0-0106P		
Application Number 10/642,284-Conf. #2450			Filed A	ugust 18, 2	2003	
For NOVEL DIABODY-TYPE BISPECIFIC ANTIBODY						
Art Unit 1643			Examiner	kaminer A. L. Holleran		
This is a applicati	request under the provisions of 37 CFR 1.136 on.	(a) to extend the peri	od for filing a reply in t	the above i	dentified	
The requ	uested extension and fee are as follows (check	time period desired	and enter the appropri	ate fee bel	ow):	
		<u>Fee</u>	Small Entity Fee			
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_	60.00	
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$		
[Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$		
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$		
[Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	<u> </u>	
X A	Applicant claims small entity status. See 37	CFR 1 27.				
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The second state and any second state of the go recommended to a popular to a popul						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number02-2448 I have enclosed a duplicate copy of this sheet.						
١	WARNING: Information on this form may become Provide credit card information and authorization	public. Credit card inf				
l am	the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	attorney or agent of record. Re	egistration Number	28,977			
	attorney or agent under 37 CFF	R 1.34.				
	. Registration number if acting a					
\mathcal{Q}	KMma		SEP 2 2 2	2008		
Signature			Date			
	Gerald M. Murphy, Jr.			(703) 205-8000		
Typed or printed name			•	ne Numbe		
	 Signatures of all the inventors or assignees of record of the ne signature is required, see below. 	entire interest or their repre	esentative(s) are required. S	ubmit multiple	forms if more	
	Total of 1 forms are sub-	mitted				